USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF						COURT CASE NUMBER			
Donald Foxworth						1112-cv-1369 SC J			
Tarstsource Admistrace LLC						TYPE OF PROCESS			
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SERVE	NAME OF INDIVIDUA	A AAR	 1 () fressel : 	de βa €	SCRIPTIO	ON OF PROPERTY T	O SEIZE OR (CONDEMN	
SERVE AT	ADDRESS (Street or R.	rce Hdv FD, Apartment No., O	VANDAGE City, State and Zi	P Code)	***************************************				
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SEND NOTICE	OF SERVICE COPY TO	REQUESTER AT N.	AME AND ADD		7	ber of process to be	7-760	<u> </u>	
			=000,0==0000000000000000000000000000000			ed with this Form 285			
DONALLFoxworth						Number of parties to be			
3841 Kensington Rd D29 Decatur Ga 30032						served in this case			
The state of the s						ek for service		Sec. with	
Lecatur Ga 30032						.S.A.	3		
SPECIAL INST	RUCTIONS OR OTHER	INFORMATION TH	AT WILL ASSI	ST IN EXP		nclude Business and	Alternaté Add	resses =	
•	Numbers, and Estimated T	imes Available for S	ervice):				No. of the second	CO CC	
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Signature of Atto	orney other Originator requ	esting service on bel	nalf of:	☑ PLAINTIFF	TELEPHO	ONE NUMBER	DATE		
	0.09			DEFENDANT	(Mari	1200 7004	,		
Joseph CE D	We fraulty	TO OF IT OF I			704	1373728	1	~~~	
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I acknowledge re number of proces		Process District of Origin	f District to Serve()	Signature of Author	rized USA	AS Deputy or Clerk	D	ate	
(Sign only for US than one USM 28	SM 285 if more	1 No 19	i No. Oa	Old Ist	1/20	k		6-14.	
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nereby certify a on the individual	and return that I A have p	te., at the address sho	mave legal evidence on the	ence of service, L. have on the individual, comp	e executed cany, corpo	as shown in "Remark: oration, etc. shown at t	s", the process he address inse	described erted below.	
☐ I hereby cer	tify and return that I am ur	nable to locate the inc	lividual, compan	y, corporation, etc. name	d above (S	See remarks below)	······		
Name and title of	f individual served (if not s	shown above)	· · · · · · · · · · · · · · · · · · ·			A person of suit	table age and c	liscretion	
Vienni	JA Man	LZVNSK	, ALEDI	N CLERKS OFFICE O	Fficer	then residing in			
Address (comple	te only different than show		· <u> </u>	9/0.C Atlanta	-716.61	Date	Time		
, 1	, J	,	.1111	1 8 2012				am	
						7-3-2012	1.30	pm	
			DANIES IN	And TEN, Clerk		Signature of U.S. M	arshal or Depu	ıty	
Service Fee	Total Mileage Charges	Forwarding Fee	Total Charges	Advanty Orappits	Amoi	ant owed to U.S. Marsh	nal* or	***************************************	
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REMARKS:	#4.90					E. C.	Sec.		
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- PRINT 5 COPIES: 1. CLERK OF THE COURT
 - 2. USMS RECORD
 - 3. NOTICE OF SERVICE
 - 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED